

ORIGINAL

OPTIONAL FILE
ILLINOIS COMMERCE COMMISSION

AUG 26 1 11 PM '02

For Commission Use Only:

Case: 02-0551

FORMAL COMPLAINT

CHIEF CLERK'S OFFICE

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

Regarding a complaint by (Person making the complaint):

FLOESSIE FALLS (Wife)

Against (Utility name):

COMED

As to (Reason for complaint)

Put someone else bill on my bills
then turn off light. My bill was only 49.24 for
the month of May or June. They added 1580.24 on my bill
in Chgo Illinois. The bill was made at another address.
5960 S. Union Knot 5742 S. Union.
The bill belong to someone else.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

5742 S. Union Chgo IL 60621

The service address that I am complaining about is

5742 S. Union

My home telephone is

(773) 723 7082

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(773) 723-7082 or 373-4886

(Full name of utility company)

COMED Light Co.

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

(200 150 & 200 170)

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

I really dont know

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. We had lights for the last past 5 yrs with no problem. Now they are saying we have out standing bills in the past. I purchase this home in (1990-Sept)

2. I Never Lived here before. I ask them to send me a my bill I ok. They never did. The only bill they want me to pay is someone else bill at 5960 union. I told them that my daughter is 32 going on 33 and is responsible for her own bill.

Please clearly state what you want the Commission to do in this case:

Let them know they can not add someone's bill on a another person bill from another address. and turn off their light for someone else bill. My daughter do not live with me never have at this address

Date: 8-08-02
(Month, day, year)

Complainant's Signature Hossie Falls Address

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

Hossie Falls first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Hossie Falls

Subscribed and sworn/affirmed to before me on (month, day, year) 8-8-2002

Janice Allen
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.